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W. M. Wass

*Iowa State University*

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# Summer Clinics

by

W. M. Wass D.V.M. Phd. \*

Many of the veterinary colleges around the country have introduced recent changes in their curricula, designed to improve the quality of their training or to increase the number of students they are able to accept and graduate. One college, Texas A & M, has gone to a trimester system to provide year around training and shorten the period required for graduation. Another, Michigan State, accepts two classes per year and plans to increase the number of students it graduates in this fashion. Several others have gone to a program of summer clinics for a portion of the vacation period between the junior and senior year in order to provide more organized training in the clinical disciplines.

The relative success or the lack of success in the summer clinics programs that have been tried at other colleges has depended on the availability of case material and the attitude of the staff and students toward such a program. Some have enjoyed good success, others have not done quite so well.

At Iowa State University we recognize that there are many things that can be done to improve our clinic teaching program and increase the level of competence possessed by our graduating seniors. We are going at this objectively and with a sense of dedication. For example, we intend for our students to gain more experience in pregnancy diagnosis and fertility evaluation. Several steps have been taken to accomplish this. The laboratory course in rectal palpation has been moved from the 4th to the 3rd year in the veteri-

nary curriculum so that the students will have more opportunity to apply this training during their clinical years. We have purchased four mares for use in the laboratory so that our students can have some experience in rectal examination of the mare prior to their senior year in clinics.

We are also introducing a new course, O.B. 445, infertility evaluation of the male, which we recognize as a rapidly expanding facet of large animal practice.

We have other plans for this teaching program involving greater use of packing house specimens and more field experience in fertility evaluation which we hope to develop.

Ambulatory clinics have added a fourth man and a vehicle for the primary purpose of developing herd health programs. Major emphasis is being placed on fertility evaluation and mastitis control.

We are attempting to gain a more uniform and workable student rotation plan through computer programming. At present we are assigning the seniors as follows. Each senior spends one period of two consecutive weeks in post mortem pathology laboratory. In this way the pathologists know they will have each student for two consecutive weeks and can then organize their teaching program to meet the needs of every student. Each senior will spend one week in the Hygiene Department learning practical clinical bacteriology and this will be followed by one week in the Diagnostic Laboratory. Each senior spends one week of each quarter in ambulatory clinics. Seniors are also divided fairly equally between the

\* Dr. Wass is Professor and Head, Dept. of Veterinary Clinical Sciences. I.S.U.

various sections of the large and small animal clinics. In another year we intend to expand the use of computer programming still further so that both juniors and seniors can be assigned to specific clinicians in the various sections of the hospital on a more uniform and equitable basis.

We have hired permanent personnel to assist in the routine tasks of stocking and cleaning the dispensaries and for assisting in routine cleaning jobs around the building. We now have janitor service seven days a week in an attempt to improve the general appearance and cleanliness of the building and to give the students more time for the specific purpose of gaining a veterinary education.

The possibility of offering a summer clinic program is also being investigated. Such a suggestion usually meets initially with rather widespread negative reaction from the student body. However, we have explained the program to the students and now find a number of junior students have offered to participate in a voluntary program for the coming summer.

Our plan for summer clinics would involve having one-third of the class present at a time for one of three periods of the summer between the junior and senior years. The students would be in clinics all day. The program would be of an instructional nature in that the students would actively participate in the handling of clinic cases. One afternoon of each week would be spent in experimental surgery laboratory and one afternoon of each week would be spent in laboratory training in rectal palpation of cattle and horses.

Students participating in the summer clinic program would then have an opportunity to choose one or two areas of specialization for the last quarter of their senior year within the limits of the number of students we could handle in a given area. In this way we think we can give each student an opportunity to select for himself an area where he feels the need for more specialized training.

Clinic case material is abundant and diversified at Iowa State University. A good portion of it, however, is presented

during the summer months and the staff believes greater use should be made of the teaching value present in these cases.

Some students object to summer clinics arguing that they miss the opportunity to work with a practicing veterinarian. This is partially true, however, students would still have a portion of the summer free and again this is an extracurricular experience that could be acquired after graduation as well as before. The primary duty of the college staff is to provide the student as much education as is possible before he graduates.

The most logical argument against summer clinics is probably the added financial burden to the student, and for some, this is very real.

At this point we are attempting to think positively about summer clinics, believing that this program will help us to improve our clinic teaching and that the benefits will outweigh the disadvantages.

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#### *Tranquilizers with Clinical Application in the Horse—K. L. Paulsen*

Chlorpromazine is very effective in the horse; however, occasionally there is excitement and ataxia. One study with promazine showed that only 2 of 600 horses showed any idiosyncrasy, suggesting that side effects are fewer with this drug. The recommended dosage for promazine is 200–300 mg/1000 lb. An undesirable side effect of reserpine is occasional severe colic. Propriopromazine HCl (Tranvet) is a newer tranquilizer used in horses which has not been reported to have many serious side effects; the dose is 0.05–0.1 mg/lb, IV or IM. Triflupromazine HCl (Vetame) is also used widely in horses; occasionally there will be temporary excess motor activity, such as determined trotting; the dose is 10–15 mg/100 lb. IV or IM, not to exceed 100 mg. Perhenazine often causes convulsions in the horse and should not be used. In fact, one should not use any tranquilizer in horses which has not been thoroughly studied, since mania, excitement, and ataxic reactions can cause serious injury to the horse and/or handler.